

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90038 044 ****61.25

DOCUMENT # 728675

1. Entity Name

INDIAN RIVER COUNTY COUNCIL ON AGING, INC.

Principal Place of Business

Mailing Address

694 14TH ST
 PO BOX 2102
 VERO BCH FL 32960

694 14TH ST
 PO BOX 2102
 VERO BCH FL 32960

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1539957

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WORKUM DAVID
178 OCEA SPRAY CT
VERO BEACH FL 32963

Name **KELLY MATHER**

Street Address (P.O. Box Number is Not Acceptable)
733 N. FISCHER CIRCLE

City

SEBASTIAN

FL

Zip Code

32958

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Kelly J. Mather

Kelly Mather

3/29/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **WORKUM DAVID**
 STREET ADDRESS **178 OCEAN SPRAY CT**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **PRESIDENT** Change Addition
 NAME **KELLY MATHER**
 STREET ADDRESS **733 N. FISCHER CIRCLE**
 CITY-ST-ZIP **SEBASTIAN FL. 32958**

TITLE **VPD** Delete
 NAME **ROBB BAYARD**
 STREET ADDRESS **4826 WOOD DUCK CIRCLE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **VICE-PRESIDENT** Change Addition
 NAME **BILL WILLIAMSON, JR.**
 STREET ADDRESS **604 EUGENIA ROAD**
 CITY-ST-ZIP **VERO BEACH FL. 32963**

TITLE **S** Delete
 NAME **MATHER KELLY**
 STREET ADDRESS **733 N FISCHER CIRCLE**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE **SECRETARY** Change Addition
 NAME **JOAN KAY**
 STREET ADDRESS **200 SABLE OAK LANE**
 CITY-ST-ZIP **VERO BEACH FL. 32963**

TITLE **TREA** Delete
 NAME **TILNEY BUD**
 STREET ADDRESS **1515 ORCHID DR**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **TREASURER** Change Addition
 NAME **BUD TILNEY**
 STREET ADDRESS **1515 ORCHID DRIVE**
 CITY-ST-ZIP **VERO BEACH FL. 32963**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kelly Mather **Kelly Mather**

3/29/2001

561-569-0760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)